AIRWAYS

Newsletter of the (NZNO) Respiratory Nurses Section
December 2016

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Note from the Chairperson

Kia ora koutou katoa.

If every member of the Respiratory Nurses Section asked a colleague to join our membership, we would double our numbers and have even greater power to influence positive change within our speciality. There are thousands of nurses working in New Zealand who could add their experience and knowledge to the fascinating world of respiratory nursing!

This edition of Airways demonstrates the commitment of the respiratory nurse workforce to provide research based evidence to influence practice. Take the time to read the article on inhaler adherence and you will discover what you can do to help patients choose the correct inhaler device. Nurses have been influential formulating the new Adult Asthma Guidelines and there is an informative report on their development and content. Our members have continued to attend Conferences and share their learning with a wider audience. TSANZ and The New Zealand Respiratory Conference are two excellent forums to broaden our knowledge base and share information.

A common thread throughout this newsletter is the collaboration and networking respiratory nurses do with colleagues from other disciplines and areas of practice. It certainly shows how we always strive to do the best we can for the patients in our care.

As the summer holidays and Christmas approaches, please spend time with family and friends and reflect on all the positive things in life. If you are one of the many who must work always remember to find some quality time to celebrate when it is convenient for you and your family.

My Christmas gift to you all is a huge thank you for your support and continued hard work. Your Christmas gift to the Respiratory Nurses Section Committee is to find a colleague to join the Section and double our numbers! Merry Christmas to all.

Louise Weatherall
Chairperson
Respiratory Nurses Section NZNO

Thoracic Society of Australian and New Zealand (TSANZ) Nursing Roles

Deborah Box, Clinical Nurse Specialist, Community Respiratory South Canterbury

The mission statement of TSANZ is 'We **lead**, **support** and **enable** all health workers and researchers who aim to **prevent**, **cure** and **relieve** disability caused by lung disease."

TSANZ is the only health peak body representing a range of professions (medical specialists, scientists, researchers, academics, nurses, physiotherapists, students and others) across various disciplines within the respiratory/sleep medicine field in Australia and New Zealand (NZ). The TSANZ is a Health Promotion Charity.

TSANZ is committed to serving the professional needs of its members by improving knowledge and understanding of lung disease, with the ultimate goals being to prevent respiratory illness through research and health promotion and to improve health care for people with respiratory illness. TSANZ members are leaders in their respective fields and their professional expertise is sought to assist in the development of guidelines, training opportunities, furthering research and advocating for better lung health across Australia and NZ (Source www.thoracic.org.au).

TSANZ has branches in the Australian states and in NZ. The NZ branch has its own executive, focused on providing a quality annual branch meeting, with a nurses session which provides excellent learning and networking opportunities. **For information about the meeting to be held 9-11 August 2017 at a new Queenstown venue see https:// outshine.eventsair.com/tsanz-2017/web**

In 2014 I took on the role as co-opted nurse representative on the NZ branch. This year I became a member of the NZ executive allowing another nurse to step into the co-opted nurse role. It is exciting that the branch is committed to nursing representation. There remains a vacancy for a co-opted nurse and allied health member on the executive and for another nurse to be part of the meeting planning committee. Please get in touch if you have an interest in these roles.

Within TSANZ there are 17 Special Interest Groups (SIGs) including the Respiratory Nurses SIG, which holds a nurses' symposium at the TSANZ annual scientific meeting. This is another excellent opportunity for nurses with a special interest in respiratory nursing from Australia and NZ to come together to share knowledge and experience. Planning is well under way for the 2017 meeting in Canberra on 25 – 28 March, see www.tsanzsrs2017.com

I am currently the NZ convenor of the SIG with Jenny McWha from Canterbury DHB coming on this year as the NZ co-convenor. It is exciting that NZ is able to have equal representation with Australia at convenor level in the SIG. We have set up regular convenor teleconferences and are looking at what value can be added for nurses as SIG members. We send regular emails and updates to members.

Being involved in the TSANZ has been a valuable experience, I have been exposed to governance of the TSANZ, had opportunity to review and influence guidelines, plan meetings, work with other professions and industry and be a nursing voice. It is an exciting time for nursing within TSANZ. Have a look around their website at http://www.thoracic.org.au/ and please get in touch if you have questions, suggestions or are interested in being a part of TSANZ.

021 683959, dbox@scdhb.health.nz

One Device to Treat Them All?

Nicola Corna, Respiratory Clinical Nurse Specialist, Counties Manukau DHB

PHARMAC approved the full funding of several new inhaler medications in March this year. This move was very well received by clinicians treating patients with chronic respiratory disease, as not only was there an increased range of medications, but the range of medication delivery devices was increased.

The importance of good inhaler technique and compliance with prescribed therapy in managing asthma and COPD has been well described in the literature. It has been shown that patients with good inhaler techniques and regular compliance with taking inhalers have better control of their airways disease. Control of airways disease remains suboptimal unless the reasons for a lack of control are identified, assessed and eliminated. These findings are relevant regardless of whether metered dose inhalers (MDI) or dry powder inhalers (DPI) are utilised.

What informs adherence? Good adherence encompasses multiple dimensions. These include the frequency and timing of use according to prescription (also known as compliance), continuous use or persistence and correct use or inhalation technique. Price, (2013). Health literacy can be defined as the “degree to which individuals have the capacity to obtain process and understand basic health information and services needed to make appropriate healthcare decisions”. Cicutto, (2015)

O’Conor et al, (2015) examined the links between cognitive function, health literacy and asthma medication use in a group of 425 adults with asthma attending outpatient clinics in Chicago and New York. Participants were predominantly female (83%) with mean age of 68 years old. Ethnicity was evenly divided between Caucasian, Hispanic and black American. A third of participants did not complete high school, a third completed tertiary education, with the balance completing high school and not completing college. The results showed that only 38% of participants were adherent to their prescribed medications. Regarding inhaler technique, only 37% had correct MDI technique and 52% of participants demonstrated correct DPI technique. Participants’ levels of health literacy directly correlated with all cognitive function measures examined. Those with limited health literacy were less likely to adhere to medications and have good inhaler technique.

Long term sustained adherence to inhaler therapy is a key component in the management of COPD and asthma. Yu et al, (2011) extracted prescription data on 23,000 patients over a one year period. The objective was to compare persistence and adherence with patients diagnosed with COPD on either single or multiple long acting maintenance inhalers. The team found that those using multiple inhalers demonstrated lower treatment persistence and adherence than those on a single long acting inhaler over a one year period.

How can a broader understanding of adherence and examination of current research literature inform our everyday practice?

- Encourage adherence at each patient contact.
- Involve the patient in choosing the device which best suits them – placebo devices are readily available from the drug reps.
- Encourage colleagues to simplify prescriptions – pharmacists are fantastic allies in this regard.
- Use a variety of techniques to improve a patients understanding of their condition, medications and how to use these.
- Be consistent.

In conclusion, is there one device to treat them all? “An ideal inhaled product should be easy to use and portable; not need cleaning; deliver the same dose independent of storage or use orientation, inhalation flow rate, humidity and temperature, ultimately delivering a significant fraction of the drug dose to the lung”. Backman et al, (2014). Sadly there are no products in the market which fulfil all the aspects of an ideal inhaler. Our challenge as nurses, is to advocate for our patients by helping find the right inhaler device to meet each patient’s needs, preferences and abilities. Additionally we need to encourage our patients to use that inhaled therapy to the best of their ability, by delivering education that is relevant and understood by the patient.

References

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NZ Adult Asthma Guidelines Updated

Betty Poot, Respiratory Nurse Practitioner and Lecturer, Hutt Valley DHB & Victoria University of Wellington

The Asthma and Respiratory Foundation NZ adult asthma guidelines: a quick reference guide 2016 were developed as part of the Asthma and Respiratory Foundation NZ work programme following the release of *Te Hā Ora: The National Respiratory Strategy*, *The Impact of Respiratory Disease in New Zealand: 2014 update* and *He Māramatanga huangō: Asthma health literacy for Māori children in New Zealand*.

The guideline development group consisted of a wide range of health professionals, with the draft guidelines peer-reviewed by many respiratory experts including many of you. The Asthma and Respiratory Foundation NZ plan to translate these guidelines into practical tools for use and these will be available on their website http://asthmafoundation.org.nz

To develop the NZ adult asthma guidelines the development group reviewed the previous NZ asthma guidelines along with relevant international guidelines. A systematic review of the literature wasn't completed but relevant references are provided throughout the guideline document.

The adult asthma guidelines lead the reader through the diagnosis, assessment, treatment choices, self management and the acute management of asthma. There are 'practice points' throughout the document to highlight important aspects in each section. Various tables and figures give the reader a visual display of key information. The appendix provides information on the asthma consultation and gives advice for completing the asthma self management plan.

The guidelines start with a statement that 'the diagnosis of asthma starts with recognition of a characteristic pattern of symptoms and signs, in the absence of an alternative explanation'. It acknowledges that there is no one 'gold standard' test that can reliably be used to diagnose asthma. It goes on to provide a table of symptoms that indicate asthma is more likely or less likely (Table 1).

The second section covers the assessment of asthma severity, control and future risk. It provides tools to assess asthma, and highlights the clinical features associated with the increasing risk of a severe exacerbation or mortality (Table 3).

The guidelines give the clinicians guidance for initial and ongoing treatment choices. In contrast to other guidelines these guidelines refer to **standard** dose Inhaled Corticosteroid (ICS) and **high** dose ICS, rather than referring to low, moderate and high ICS doses as in the Australian asthma guidelines. Using the standard and high dose categories only was based on evidence that the **standard** dose achieves 80-90% efficacy for ICS therapy in moderate to severe asthma and the opinion that having three categories (low, moderate and high) could lead to unnecessarily high doses of ICS.

In this section of the guidelines Table 4 provides the clinician with the recommended **standard** dose of ICS and Figure 4 presents a stepwise guide to step up or step down pharmacological treatment. The guidelines also highlight important non-pharmacological measures to enhance asthma control.

Identifying management goals in collaboration with the patient, self management and ensuring treatable traits such as overlapping disorders, co-morbidities, environmental and behavioural aspects are all referred to in the guidelines. The guidelines highlight the importance of the asthma self management plan, and provide three different plans to use. The plans include a 3 and 4 stage plan for those on ICS and short acting reliever; a 3 stage plan for those on a combination ICS/LABA and short acting reliever; and a Single Maintenance and Reliever (SMART regimen) plan. In the near future these plans will be available on the Asthma and Respiratory Foundation NZ website http://asthmafoundation.org.nz

In the section on the management of acute asthma the guidelines define the levels of severity (Table 6) and suggest criteria for referral to hospital (Table 7). These two tables provide the clinician objective measures of severity and guidance of when to refer for more advanced treatment. Figure 6 goes on to provide an evidence-based algorithm to guide treatment of acute asthma and provides the clinician with recommendations for the assessed level of severity and ongoing treatment or discharge. Table 8 highlights the pre discharge considerations and includes encouraging the clinician to ensuring that all those being discharged are able to access the prescribed medications and understand the self management of their condition.

These evidence-based guidelines provide practical guidance for the diagnosis and treatment of asthma in adults. In addition to providing guidance on the pharmacological treatment of asthma they encourage the clinician to consider the impact of co-morbidities, environmental and behavioural aspects such as smoking, medication adherence and inhaler technique.

By implementing these guidelines we as nurses have the opportunity to ensure that the asthma patients we care for receive the best treatment for their condition. I would encourage you all to read them and share them with your colleagues.

Editors note: You can access the new guidelines via the following link:

http://www.nzasthmaguidelines.co.nz/

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Beasley, R., Hancox, R.J., Harwood, M., Perrin, K., Poot, B., Pilcher, J., Reid, J., Talemaitoga, A., Thayabaran, D. (2016). Asthma and Respiratory Foundation NZ

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TSANZ New Zealand Annual Scientific Meeting, 17-19 August 2016

Jacqui Morris, Community Respiratory Nurse
Canterbury Community Respiratory Service

The Thoracic Society of Australia and New Zealand (TSANZ) held its annual New Zealand conference in the stunning setting of Queenstown. The conference was attended by 125 respiratory physicians, trainees, nurses, scientists and allied health professionals. The inclusion of health professionals from the spectrum of respiratory health care provided a great opportunity to network and hear a wide variety of presentations and informed viewpoints on new research and trends in respiratory health.

There were too many excellent presentations to summarise in this short piece. The first afternoon was given to presentations for (and by) nurses and trainees. These presentations covered nursing leadership, standardizing spirometry training and accreditation, working with culturally diverse communities, the 2016 Respiratory Knowledge and Skills Framework, and an update on COPD management. The presentations were varied and interesting albeit to a very small nurse audience of fifteen.

In the combined nurse/trainee session, Dr Grant Waterer from the University of Western Australia gave an excellent update on COPD titled ‘Get the Basics Right’. This was one of three talks by Professor Waterer and all gave clear ‘take home’ points. In this presentation, he reiterated the importance of correct diagnosis for COPD, and smoking cessation. He focused on exacerbation prevention and management and commented that it may take three to six months for quality of life to improve significantly after a person has an exacerbation. Also that exacerbations increase the risk of myocardial infarction and stroke. On exacerbation prevention, he emphasised the importance of handwashing and cough hygiene for people with COPD and suggested that vaccinating young children in close contact with people with COPD may be more effective in reducing the spread of pneumococcal infection and influenza than only vaccinating the patient. Dr Waterer reiterated this last point in a later presentation on pneumonia management.

On the second day of the conference, presentations focused on bronchiectasis in the morning and on pneumonia and Legionnaires’ Disease in the afternoon.

There were two research presentations on bronchiectasis in New Zealand, a talk on drug treatments in bronchiectasis and an update on new developments in bronchiectasis diagnosis and severity assessment.

Dr David Murdoch (University of Otago) presented his research on Legionnaires' Disease in New Zealand. This research has revealed a much higher incidence of the disease in NZ involving a different species of Legionella bacteria and a different source compared with overseas studies. This research has implications for public health but particularly for people with COPD who have quadruple the risk of contracting the disease.

Dr Waterer gave another interesting presentation on 'Hot Topics in Pneumonia' and rural nurse practitioner, Sharyn Hansen gave us all food for thought with a presentation on the realities of managing patients in remote and rural areas of NZ.
The final day of the conference began with a breakfast session with Dr Margaret Wilsher, Dr Ben Brockway and Dr Lutz Beckert co-presenting on the management of Idiopathic Pulmonary Fibrosis.

The Young Investigators followed with the presentation of three research projects. The winning project was by Dr George Bardsley 'Oxygen vs. Air-Driven nebulisers in COPD'.
The conference concluded with a lively and light-hearted session with facilitator Amy Scott helping us identify our personality traits with coloured dots.

TSANZ was a stimulating and inclusive conference with good opportunities to learn and network. The presentations were varied and accessible with numerous 'take home' points for application in practice. Registration and accommodation for nurses is heavily subsidized to encourage their participation and I would strongly encourage any nurse with an interest in respiratory care to attend and consider presenting.

New Zealand Respiratory Conference, 24-25 November 2016 "Today's Research, Tomorrow's Practice

Laura Campbell, Respiratory CNS Waitemata DHB, MN

The NZ Respiratory Conference did not disappoint with a mix of personal and moving stories shared along with scientific evidence and data. Expert speakers shared their latest research on asthma, COPD and allergy. There was humour throughout and of course the food was delicious.

After the "Mihi Whakatau" Issac Luke (celebrity ambassador for the asthma and respiratory foundation) shared his personal reasons for wanting to raise the profile and awareness of respiratory illness in New Zealand. Master of Ceremonies Chris Lam Sam, complete with fuchsia suit, charmed the audience and gave insightful summary at the end of each day. "Breathless TV" hosted by Erin Simpson gave sponsors a time to showcase their products, as well as a chance for conference goers to win vouchers.

Session One – Early beginnings in the development of Asthma and Allergy

Dr David Martino biomedical research fellow from Australia shared his research on genetics and the immune system and allergy. He proposed that our immune system has evolved over hundreds of years to cope with the environment and largely that immune coding is genetically inherited. When we then move to another region of the world or to a new environment our genes have not evolved to cope with this change. He quoted the "Healthnuts study" looking at development of food allergy. It demonstrates that children of Asian descent living in Australia were 2-3 times more likely to have food allergy compared to other ethnicities and this higher prevalence is not seen in Asia.

Professor Jeroen Douwes director of Massey University's Centre for Public Health Research spoke on the role of the environment in development of atopic disease. He presented research that demonstrated early exposure to a variety of bacterial endotoxin reduces risk of developing allergy and asthma. Both maternal exposure and childhood exposure to higher levels and a diverse range of microbial exposure as seen in farming communities is protective, whereas that protection seems to be lost in the presence of significant air pollution – at least in animal studies (co-exposure). Conversely damp and mouldy environments where there is too much exposure, but to fewer different organisms, may be a risk factor (ISAAC study 2013).

Session Two – Primary Care in Paediatric Asthma

Professor Innes Asher – Professor of Paediatrics, University of Auckland, gave us a sneak peak of what we might see in the Paediatric guidelines for Asthma. The focus for the guideline is to improve equity of outcomes for all our children, and getting it right for Maori, Pacific and adolescents. She highlighted recent reports published by the NZ asthma and Respiratory Foundation and encouraged us to read these (The National Respiratory Strategy, Asthma Health Literacy for Maori Children and The Impact of Respiratory Disease in New Zealand: 2104 update). She listed 10 ways the health professional can help outside of medication; relationships with an emphasis on continuity, wellness, smoke exposure, housing, income, health literacy, adherence, action plan, access and ambulance.

Dr Cameron Grant head of the Department of Paediatrics – University of Auckland shared his research on the benefits of Vit D on respiratory health. He highlighted that vitamin D deficiency is not only a global problem but more so in NZ, particularly among Maori and Pacific. He described how our lifestyle factors combined with public policy on sun exposure has largely created this problem. Research presented showed that supplementation with Vitamin D in pregnancy and early childhood reduced respiratory infections and in higher doses reduced susceptibility to house dust mite by reducing IgE. These effects were more pronounced in those with greatest deficiency.

Session Three – Understanding our Whanau

Dr Terry Fleming – Youth Health Department of Paediatrics, University of Auckland spoke of teens and asthma. Understanding developmental changes and how these influence adherence to management plans. She suggested a graduated approach, much like our driver licensing system, where "control" is gradually handed over from the parent/health professional to the teen.

Dr Glennis Mark – PhD – spoke of her research in Rongoa Maori and patient's and healer's views on greater collaboration with mainstream medical services.

Susan Reid Health literacy advisor gave a timely reminder of patient centred care and the importance of not jumping to conclusions, not making assumptions, listening to understand and walking in their shoes.

Workshops

We had the tough choice of two workshops in which patient journeys and experience in respiratory disease and food allergy were shared – this was a very moving session and a chance to see these conditions from a patient and family perspective.

DAY TWO

Session Four -Effects of Severe Disease

Dr Stefano Del Giacco (Assistant professor of Medicine and of Allergy and Clinical Immunology at the University of Cagliari Italy) spoke on the role allergy, viruses, fungi, pollution and smoking play in severe asthma. He also shared research on anxiety and depression in asthma. We learnt that "facebook" is a new trigger for asthma and that depressed patients have increased levels of pro-inflammatory cytokines. Asthma is associated with anxiety but there is still a controversial association between asthma and depression.

Professor Peter Wark from Sydney spoke about innate and adaptive immune responses in the airway and how not only is infection a causative factor in chronic airways disease but that those with chronic airways disease are more susceptible to infection. Infection with a virus is a principle cause of asthma exacerbation and there appears to be an impaired antiviral response in asthma which is more evident in those with severe asthma. Immunomodulatory drugs show promise in improving the ability of patients with asthma to fight viruses.

Session Five – Living with COPD

Dr William Levack Associate Dean of Research at University of Otago spoke about sex and COPD. We learnt that COPD is associated with a decreased sexual desire and decreased ability of achieve orgasm. Reasons for this include – hormonal – decrease in testosterone, psychological – changes in the dynamics of a relationship, physiological – breathless, deconditioned, association with VQ mismatch and body position, and pharmaceutical - Beta blockers, SSRI's and Opioids. Dr Levack then gave practical advice to overcome some of these reasons, as well as suggesting how we might address this issue within our practice.

A panel discussion on E-cigarettes outlined the benefits and pitfalls of E-cigarettes. E Cigarette use has been surrounded by medical and public controversy. On the one hand by not making these products available here in NZ are we under-utilising a tobacco harm reduction product that may help our disadvantaged populations where the highest smoking rates are still evident? Conversely would we be promoting and normalising another addictive pathway without full understanding of any potential harmful effects? We were encouraged to read the Royal College of Physicians UK statement on e-cigarettes and were directed to our own Ministry of Health information for healthcare workers on e-cigarettes.

Session Six - Best Practice Treatment Guidelines

Dr Anthony Jordan Clinical immunologist at Auckland City Hospital outlined the newly updated NZ Resuscitation Council guidelines for anaphylaxis. His take home point was – adrenaline, 1:100, 0.5ml IM in adults - but not to rely on memory and have the anaphylaxis pathway for adults and children clearly visible or accessible.

Professor Beasley Director of the Medical Research Institute of New Zealand and physician at Wellington Hospital outlined our long awaited NZ adult asthma guidelines. He suggested they were simple practical evidence based guidelines and not a textbook. The guidelines are now available on the Asthma and Respiratory Foundation website: http://www.nzasthmaguidelines.co.nz/adultguidelines.html

Based largely on international guidelines we are familiar with (GINA) there are some points of difference. Professor Beasley remarked that we stand alone in not recommending the 12% cut point for reversibility and gave evidence for this. The concept of treatable traits and a move away from low, moderate and high ICS dose in treatment algorithms also provided a point of difference. The rest I will let you read on your own.

SIREF
South Island
Respiratory
Educators Forum
Te Waipounamu

Breathe Easy, Breathe Freely Kia Ngāwari Te Roma – Hā

"Different ways of working"

The now and the future for respiratory health

Thursday 16th and Friday & 17th February 2017

The George, Park Terrace, Christchurch

The South Island Respiratory Educators' Forum (SIREF) is an annual educational event for nurses and allied health professionals with an interest in respiratory health.

Presentations/topics include:

- Lung Cancer
- Updates on Sensing City Project, Technology in Practice, Respiratory Research and much more

For further information or to register your interest contact:
Teresa Chalecki
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Respiratory Nurses Section (NZNO)

Annual General Meeting

Friday 17 February 2017

8.00am

The George

Park Terrace

Christchurch

RESPIRATORY NURSES SECTION MEMBERSHIP FORM

Name: _____

(Please print clearly)

Designation: _____

Home Address: _____

_____

Home Phone No: _____Mobile Phone: _____

Work Address: _____

_____

Email Address: _____

Work Phone No: _____

NZNO Membership No: _____

Please Post to: Administrator, Respiratory Nurses Section

NZ Nurses Organisation

National Office

PO Box 2128

Wellington 6140

EVENTS FOR YOUR CALENDAR

Conferences/Seminars/Courses

South Island Respiratory Educators Forum (SIREF)
16-17 February 2017, The George, Christchurch
Theme:Different Ways of Working
Registrations (via post or email) to:
SIREF Organising Committee
c/- CanBreathe
P O Box 13-091
Christchurch 8141
office@canbreathe.org.nz

Thoracic Society of Australia and New Zealand (TSANZ) Australian Annual Scientific Meeting
25-28 March 2017, Canberra
Theme: Novel Therapeutic Interventions
Earlybird registration before January 20, 2017
http://www.tsanzsrs2017.com/

TSANZ/ANZSRS New Zealand Annual Scientific Meeting
10-11 August 2017, Nurse and Trainee day 9 August 2017
Heritage Hotel, Queenstown
On-line registrations open March 2017
https://outshine.eventsair.com/QuickEventWebsitePortal/tsanz-2017/web

National Asthma Council Australia
Provides a list of various respiratory focused conferences for health professionals.
For further information: www.nationalasthma.org.au

PHARMAC Seminar Series
Venue: PHARMAC, Level 9, Simple House, 40 Mercer Street, Central Wellington.
Check website for any relevant seminars and registration www.pharmac.health.nz/seminars

Dunedin Respiratory Study Day
20 November 2017
Applicable to nurses and allied health working in acute and non-acute settings. Content will include a variety of respiratory conditions and treatments.
To register expressions of interest please contact
Carol Fitzgerald, Respiratory Clinical Nurse Specialist, Dunedin Hospital
Ph: 0274 989218, carol.fitzgerald@southerndhb.govt.nz

Asthma and Respiratory Foundation, NZ
COPD & Asthma Fundamentals

Comprehensive training programme for the education of health professionals in how to provide asthma and COPD management, education and support.
Two half-day workshops.
Contact: Teresa Demetriou, teresa@asthmaandrespiratory.org.nz

Asthma NZ in partnership with Unitec, School of Health & Community Studies also offers:
The Asthma Nursing Course &
The Chronic Obstructive Pulmonary Disease Course
These are distance learning Level 7, 24 credit courses available to Registered Nurses who work in the community at primary and secondary care level with people who have asthma or COPD.
http://www.asthma.org.nz/resources/courses/

Spirometry Courses
Auckland District Health Board
Further information is available by contacting:
Ph: 09 630 9918 Extn. 26234
resplab@adhb.govt.nz

Bay of Plenty
Contact: Lyn Tissingh, Nurse Manager
Ph: 07 577 6738, lyn@asthmabop.org.nz

Asthma Waikato
Further information is available by contacting Ruth Taylor:
Ph: 07 838 0851, info@asthmawaikato.co.nz

Canterbury District Health Board
Further information is available by contacting Emily Ingram: emily.ingram@cdhb.health.nz
Southern District Health Board
Further information is available by contacting Sue Filsell:
Ph: 03 470 9831 or 470 9742, sue.filsell@southerndhb.govt.nz

Peer Group Meetings
Bay of Plenty

Asthma & Respiratory Management, BOP Inc.

REPS (Respiratory Educators Peer Support) 2016
7th December
10.00am meeting (0930-1000 cup of tea)
Venue: 254 Chadwick Road, Greerton, Tauranga.
Contact: Lyn Tissingh, Nurse Manager:
Ph: 07 577 6738
lyn@asthmabop.org.nz

Editors Note – If you have regular meetings for Respiratory Nurses in your area, email secretaryrn.nzno@gmail.com with the group's name, place of meeting, date and contact person, and I can put the information in the next newsletter.

Respiratory Nurses Section (NZNO) Committee Members 2016

Role	Name	Email
Chairperson	Louise Weatherall	louise.weatherall@ccn.health.nz
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